

## Psychology Internship Program



Veterans Affairs North Texas Health Care System (VANTHCS)  
Psychology Training Director  
Dallas VA Medical Center  
4500 S. Lancaster Rd.  
Dallas, TX 75216

(800) 849-3597

<http://www.north-texas.med.va.gov/>

**MATCH Numbers: 157311, 157312, & 157313**  
**Applications due: November 15**

### *Accreditation Status*

The predoctoral internship at the **Veterans Affairs North Texas Health Care System** is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will be during the academic year 2020.

**For information regarding APA accreditation of this internship or other accredited internships, please write or call:**

Office of Program Consultation and Accreditation  
American Psychological Association  
750 First Street, NE  
Washington, DC 20002-4242  
Phone: (202) 336-5979  
Fax: (202) 336-5978  
E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)

### *Application & Selection Procedures*

The Dallas VA Predoctoral Internship Program is also a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) with information included in the APPIC directory. The Dallas VA internship abides by all APPIC policies as well as matching policies and procedures. Please see the APPIC website for APPIC-related information ([www.appic.org](http://www.appic.org)).

The VA North Texas Health Care System uses the uniform APPIC Application for Psychology Internship (AAPI). This form is available on the APPIC web site. The address is <http://www.appic.org>, and the application is in the Forms and Documents Downloads section. Applicants may download the form, complete it, and send the completed hard copy or electronically submit their application.

**To be considered complete, an application must consist of the following documents:**

- APPIC Application for Psychology Internship (AAPI)
- Cover letter stating Track application (Designate one only)
- Three (3) letters of recommendation
- Graduate transcripts

*This document may contain links to sites external to Department of Veterans Affairs.  
VA does not endorse and is not responsible for the content of the external linked websites.*

- A curriculum vita
- Assessment report that is cosigned by the supervisor
- Psychotherapy case summary

**For additional information, please contact:**

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VANTHCS seeks applicants who are interested in gaining training experience with adults with various disorders including mental health problems, neuropsychological disorders, and physical illnesses which may have psychological sequelae. The goal of VA internship training is the development of skills related to training possible future psychologists for employment in the VA system. Thus an interest in and ability to treat patients with the above noted problems is of primary interest. Applicants who are working towards either a Clinical or Counseling, Ph.D or Psy.D., degree are considered equally. As noted in the APPIC directory, our minimum criteria for consideration include 800 hours of practicum experience, five or more, each, of scoring and reporting on WAIS-IV and MMPI-2 or PAI's, and integrated reports of evaluations of adults. Additionally, applicants are expected to submit an assessment report that is cosigned by the supervisor and a psychotherapy case summary. Applicants are expected to submit their AAPI's no later than November 15. Applicants' AAPI's are reviewed by members of the Training Committee. Applicants submitting an application with information reflecting these criteria will be invited to an Open House for interview. Attempts will be made to notify the applicants of an invitation to the Open Houses by December 1. Interview by phone is allowed but may place the applicant at a disadvantage. The Open House is a day-long process with information about the VANTHCS being provided, individual supervisors speaking about their rotations, interviews conducted, and lunch provided with current interns who will provide the applicant with first-hand information about the interns' experiences. Tours of the medical center are given and an opportunity for informal questions and answers is a part of the day.

### ***Psychology Setting***

The Psychology Section of Mental Health of the Veterans Affairs North Texas Health Care System (VANTHCS) (i.e., the integrated Dallas, Texas and Bonham, Texas Department of Veterans Affairs Medical Centers) offers to doctoral students in Clinical and Counseling Psychology a full-time, one-year, Predoctoral Internship in Professional Psychology that is fully accredited by the American Psychological Association (APA). The Dallas Division of the VANTHCS is affiliated with the University of Texas Southwestern Medical Center at Dallas.

The Dallas VAMC Doctoral Internship Program has been accredited by the American Psychological Association since the early 1980s. We are pleased to announce that our internship program was

reaccredited in 2013 for seven more years (i.e., through 2020). The Dallas VA Doctoral Internship Program is also a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) with information included in the APPIC directory. The Dallas VA internship abides by all APPIC policies as well as matching policies and procedures.

The VANTHCS internship stresses mastery of core skills in clinical and counseling psychology, yet it also allows interns to pursue areas of particular individual interest. Clinical populations include psychiatric, medical, chemically dependent, geriatric, neurologically impaired, and homeless patients. Patients come from a variety of ethnic backgrounds. The majority of patients are male, but an increasing number of women seek medical and psychiatric services at the VA. Occasionally, assignments are made electively to community placements to enhance the diversity of training experiences. Populations served by these placements in the past have included children, adolescents, adult men and women, families, college students, geriatric patients, and persons suffering from head trauma and a variety of other disabilities. VANTHCS psychologists and allied staff are committed to providing the highest caliber of training possible with a diversity of training experiences. Psychologists are integrated, and involved, in medical and surgical areas of the medical center including Primary Care medicine, Pain Clinic, Spinal Cord Injury Unit, Oncology, Geriatric Evaluation Management Unit, and the Cardiac Rehabilitation Program. The approximately 80 psychologists on staff range in experience from newly graduated psychologists to having over 30 years of service in the VA. Their roles include providing assessment and therapy, administration, and research in the medical center. Many staff have years of experience in working with specific populations, such as substance abuse patients, patients with neuropsychological problems, and patients with chronic posttraumatic stress disorder. Others are involved in the treatment of the newly returning Iraq and Afghanistan veterans.

The training of professional psychologists has a long and proud tradition within the VA with over 60 years of such service. Not only is the VA the largest employer of clinical and counseling psychologists in the U.S., but the VA was a pioneer in establishing graduate training in psychology. The VANTHCS has been active in training professional psychologists for nearly 40 years, with interns drawn from universities across the U.S.

The VANTHCS internship stresses mastery of core skills in clinical and counseling psychology. Additionally, the program allows interns to pursue areas of particular individual interest. The internship program provides interns with an opportunity to work, to a large extent, with an underserved and minority population. Given the diversity of patients seen at VANTHCS, issues of multicultural competence are viewed as essential components of our interns' training experiences. Interns are encouraged to consider the role that factors such as age, ethnicity, spirituality, culture, sexual orientation, and others play in their clients' presentation. Additionally, interns are trained to recognize how such issues impact treatment approaches.

### ***Training Model and Program Philosophy***

The fundamental goal of the internship is to help each intern develop a strong sense of professional identity and a dedication to the highest standards of practice within the profession and science of psychology. The primary education model endorsed by the internship program and faculty may best be described as "practitioner-scholar." All interns are expected to develop skills in basic areas of clinical/counseling psychology, but provision is also made for the development of skills in more specialized areas of interest. Thus, the internship might further be described as a "modified-generalist" in scope.

## ***Program Goals & Objectives***

The overall goal of the training program is the development of well-rounded, entry-level psychologists whose clinical practice is informed by the professional literature. The skills and knowledge expected to be learned and demonstrated within our model of training have been operationalized in our "Core Competencies." Meeting these competencies is seen as an integral part of each intern's training experience at the VANTHCS. At the start of each rotation, the interns and supervisors develop a set of training objectives for the rotation. These objectives must include specification of which Core Competencies will be addressed during the rotation and may include further objectives as determined by the supervisor and intern. The goal is the honing of the intern's overall competency as well as refining their training in areas of interest for the intern. Competencies include assessment and therapy abilities consistent with empirically based interventions and the use of standard testing tools.

## ***Program Structure***

The VANTHCS internship program consists of three different tracks: Neuropsychology, Medical Psychology, and General Psychology. Within the General track are rotations related to the treatment of patients who were involved in Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) with funding for intern training related to patients having returned from these theaters of war. Three quarters of the training year consists of rotations emphasizing track-related skills and patient populations. Within each track there is variability in training experiences. The fourth quarter, is designed to "round out" clinical skills, and offers a significant number of choices. While interns' expressed interests are given important weight in determining all rotation activities, the Training Committee must approve the training program based on all sources of information regarding training needs.

Training in each of the tracks includes the following (not necessarily in the sequence listed):

**Neuropsychology Track:** (1) Neuropsychology Consult, (2) Mental Health Silver Team, (3) a rotation chosen from the Community Living Center (CLC), Polytrauma, or the Spinal Cord Injury Center, and (4) a more psychotherapeutically, general mental health-oriented fourth rotation such as a Mental Health Team (Trauma, Copper, Platinum, or Gold Teams) rotation completing the training year. This track meets Division 40/ Houston Conference guidelines for training in Neuropsychology.

**Medical Psychology Track:** (1, 2, 3) a choice of three rotations from Medical Surgical Consultation, Behavioral Health Consultation - Pain, Primary Care Psychology, the Community Living Center (CLC), and the Spinal Cord Injury Center and (4) a more psychotherapeutically, general mental health-oriented fourth rotation such as a Mental Health Team (Trauma, Copper, Platinum, or Gold) rotation completing the training year.

**General Psychology Track:** (1, 2, and usually 3) a choice of the Mental Health Teams or specialty programs (e.g., Homeless Domiciliary, Trauma) and (4) a contrasting rotation that is neuropsychology or medical psychology oriented.

## ***Evidence Based Psychotherapies***

A component of the training year will be the treatment of patients using Evidence Based Psychotherapies (EBP). The VA has introduced EBP's, including Acceptance and Commitment Therapy, Cognitive Processing Therapy, Cognitive Behavioral Therapy, Prolonged Exposure, and Integrative Behavioral Couples Therapy with the goal of having EBP's available at each VA for disorders such as Posttraumatic Stress Disorder, Depression, and relationship discord. Training has been initiated for VA staff, and more

EBP's are being introduced. As the purpose of VA Internship is to train the "next generation" of VA psychologists, our program sees the training and integration of these approaches as being important. Thus, each intern will be expected to provide EBP's throughout the year. Training will be provided on the introduced EBP's during intern orientation, and each intern will do therapy using one EBP with two to three patients for half of the training year, changing to a different EBP at approximately the mid-point of training. They will then change to a different EBP therapy for a different patient disorder. Supervision for the EBP's will be in addition to the regular rotation supervision.

## **Supervision**

Supervision of interns is an important part of the program. The individual supervisory relationship is seen as the most facilitative context for professional development. Rotation supervisors can offer opportunities to process clinical experiences, exchange ideas, provide appropriate role models for professional practice, review the technical aspects of the intern's clinical work, provide support and feedback regarding new areas of endeavor, and bring new information or perspectives to clinical situations. The internship at VANTHCS-Dallas recognizes the importance of this learning modality and encourages frequent supervisory contacts. Supervision regarding professional role definition, clinical decision-making, program development, and coordination with other disciplines in a treatment team setting is offered in addition to the more technical aspects of clinical skill development.

Each rotation has a primary clinical supervisor, and some may also provide secondary supervisors. The primary rotation supervisor is determined by the clinical assignments of the Psychology staff (e.g. one of the neuropsychologists will supervise the Neuropsychology Consult rotation, the psychologist assigned to the Spinal Cord Injury Center will supervise that rotation, etc., while others involved on each team or program will provide secondary supervision and experiences).

Two hours of face-to-face supervision is provided weekly by rotation supervisors for full-time rotations and two hours of supervision related to EBP cases in a group format will also occur. Group supervision is provided weekly by the Training Directors for the whole intern class with group supervision also being a component of most seminars presented on Mondays.

An intern's work week consists of 40 hours of work. The typical tour of duty, or work week, is from 8:00 a.m. until 4:30 p.m. and mirrors their supervisor's tour of duty. Should their rotation include evening groups, their tour is adjusted to include this time while adhering to the 40 hours per week guideline. Interns are not to see patients unless a supervisor is on site to provide assistance as necessary. Interns are allowed to complete non-patient contact duties if a supervisor is not on-site, but are encouraged to adhere to their 40 hour work week.

Two written evaluations are conducted during a given rotation period, one at the midpoint and the other at the conclusion of the rotation. The midpoint evaluation provides information regarding progress-to-date in the rotation and helps to emphasize areas in which the intern is demonstrating strengths and to clarify areas where the intern may need further attention in training. The evaluation at the conclusion of the rotation summarizes the intern's activities over the course of the entire rotation and provides guidelines that can be useful in planning subsequent training experiences. Similarly, each intern provides an evaluation of his/her rotation experiences and of his/her supervisor at the end of each rotation. As noted earlier, the VANTHCS internship has implemented a Core Competency evaluation process. Attainment of core competencies will be required of all interns, regardless of training track and rotation selections, in order for interns to satisfactorily complete the internship program. On the rotation evaluation forms, supervisors grade performance on applicable Core Competencies. Not all competencies are trained and assessed on all

rotations. Interns are expected to plan their training years, with the assistance of the Training Committee and the Training Directors, such that all core competencies can be attained.

Also, at both the mid and end points in the rotation, interns are asked to evaluate their training experiences in terms of both the quality of supervision and the learning opportunities that are available in the clinical work they are performing. Interns are asked to complete a self-evaluation of their skills at the end of each rotation to facilitate identifying strengths and revising training goals throughout the year. Near the middle and end of the internship, interns are asked to complete Internship Evaluation forms.

As research is a vital component of our profession, a group research project will be a part of the internship year. The intern class will decide upon a subject for study, most likely retrospective in nature, and share in the decision regarding the research question, the literature review, IRB approval process, statistical analysis, write-up, and the final presentation. Staff assistance will be available. It is expected that the final product will be presented as a poster during the annual Research Week presentations and as a Mental Health Grand Round presentation. Time will be allocated for this project on a weekly basis while the project is being completed.

At a minimum, feedback about interns' progress is provided to respective academic programs near the middle and end of the internship.

### ***Training Experiences***

Rotations are available in medical and neuropsychological and mental illness areas. As noted, the modified-generalist approach requires that interns have experiences from both areas. To fulfill this, rotations are offered with emphases in both psychological realms. Interns are a part of interdisciplinary teams on many rotations, and provide consultative services to these teams. The rotations include:

#### **Neuropsychology Consult Rotation**

This rotation emphasizes advanced neuropsychological evaluations with a diverse medical and psychiatric inpatient and outpatient population. The training emphasis on this rotation includes: 1) familiarization with cognitive models of normal brain functioning; 2) neuroanatomy; 3) theoretical and practical issues of neuropathology; 4) strategic selection of neuropsychological test instruments; 5) experience in evaluating a variety of neurological conditions; 6) case conceptualization and test interpretation; 7) efficiency in report writing; 8) patient feedback and follow-up; and 9) effective interaction with other disciplines. By the end of this rotation, interns will have a firm grounding in principles of neuropsychological evaluation, allowing for advanced training in neuropsychology (postdoctoral fellowship) sometime during their career. To facilitate these goals, neuropsychology specific didactics are offered to the Neuropsychology track intern and interns taking the Neuropsychology Consult rotation. These include weekly neuropsychology group supervision meetings, journal club with VA South Texas Health Care training program and a once monthly brain cutting and neurology grand rounds at the University of Texas Southwestern Medical School. While group supervision and journal club are available throughout the training year based on supervisor approval, grand rounds/brain cutting is typically only available during neuropsychology focused rotations.

The Neuropsychology Consult rotation is structured with 100% of an intern's time spent in assessment oriented activities. Due to the specialized nature of neuropsychological evaluations, an intern will be required to have the following minimum prerequisites to select the neuropsychology rotation: 1) completion of graduate level classes in psychobiology and neuropsychology; and 2) completion of at least

five neuropsychological assessments (in a supervised practicum or clerkship setting), which include administering, scoring, case conceptualization, and written report using a diverse battery of cognitive tests.

*Primary Neuropsychology Supervisors: Drs. Barry Ardolf, Greg Westhafer, & Andrea Zartman*

### **Community Living Center**

The Community Living Center (CLC) is a 120-bed extended care facility which provides rehabilitation in an interdisciplinary setting for veterans who are recovering from stroke, those who need long-term care due to chronic illness (e.g., cardiac disease, diabetes, chronic obstructive pulmonary disease), those who need respite care due to loss of caretaker, those who need hospice care due to terminal illness (e.g., cancer), those who suffer from various kinds of dementia, and those who have experienced amputation or traumatic brain injury. Interns participate in all the activities of the interdisciplinary treatment team and will function with responsibility for the assessment, diagnosis, and treatment of veterans. Opportunities for experience with groups include participation in support groups for caregivers and development of groups in the CLC. Additional experience with veterans suffering from heart disease is provided through evaluation of veterans in the congestive heart failure clinic. Approximately 70% of an intern's time will be spent in assessment-oriented activities and 30% in treatment activities during this rotation.

*CLC Supervisors: Dr. Lynnora Ratliff*

### **Spinal Cord Injury Center**

The Spinal Cord Injury Center (SCIC) is an 11-million dollar addition to the Dallas VA that opened in 1996. The center includes a 30-bed inpatient unit to care for the medical and rehabilitation needs of persons with spinal cord injuries or other neurological dysfunctions (e.g., Multiple Sclerosis, Guillain-Barre Syndrome, and Cervical Stenosis) as well as an outpatient clinic for comprehensive care throughout the lifespan. The SCIC operates a CARF-accredited rehabilitation program for spinal cord injury. The clinical mission of the Spinal Cord Injury Center is to enhance the health, functional abilities and quality of life for persons with spinal cord injury or disease. Psychology is an integral part of the interdisciplinary team that works together toward this stated goal. Other members of the team include: physicians, nurses, social workers, occupational therapists, physical therapists, kinesiotherapist, recreational therapists, chaplains, and dietitians.

The overriding goal of the rotation will be applying clinical skills to help individuals achieve optimal psychological, behavioral, and social functioning. To accomplish this task, the intern will learn how to function effectively in a dynamic inpatient medical unit as a member of the interdisciplinary team. Patients served at the SCI Center comprise a diverse population in terms of ages (19-98), disabilities, medical conditions, education (4th grade through Ph.D. level), occupations, family support, and psychiatric diagnosis. Interns who complete this rotation will increase their comfort level working with individuals with disabilities and gain an exposure to a vast array of medical conditions. Interns will learn to conduct comprehensive assessments of an individual's coping status and adaptation to chronic illness and disability in the context of personality, cognitive status, as well as family and social systems in order to implement an appropriate treatment plan. Services interns may provide as part of an SCI rotation include: neuropsychological assessment, interview-based clinical evaluations, behavioral modification, marital and/or family therapy, sexuality counseling, smoking cessation services, pain management, substance abuse screening, and consult liaison services for the SCI Outpatient clinic. Another important role for psychology

is providing staff consultation and education. Since SCI provides such a diverse range of experiences, it can be included as part of the Medical Psychology, Neuropsychology or General Psychology tracks.

*SCI Center Primary Supervisor: Dr. Pamela Fitzpatrick*

*Secondary Supervisor: Dr. Rebecca Frontera*

### **Medical/Surgical Consultation**

The medical/surgical clinics at the VA represent a wide variety of health care services. Psychology is an integral part of these clinics, which include the gastroenterology clinic; the bariatric surgery clinic and weight loss program; the diabetes clinic; the dialysis clinic; and others. The role of the psychologist and psychology intern is primarily to give feedback to medical providers about the psychological needs and vulnerabilities of their patients.

Much of our role consists of doing pre-surgical assessments for organ transplant patients and bariatric surgery patients. We complete cognitive and personality testing for these patients in an effort to identify any psychological problems that may impact their upcoming medical procedure. We also have the opportunity to provide individual therapy to inpatients and outpatients who are identified as being in need of psychological assistance.

Interns have the opportunity to participate actively in the VA's weight loss program (MOVE) by helping teach psychoeducational classes and co-leading a weekly weight loss support group. Most interns also choose to observe a bariatric surgery procedure, which is an option that is available.

Approximately 30% of an intern's training time will be spent in treatment oriented activities and 70% in assessment. This rotation is open to all interns, and can be done either as a 3-month full time rotation, or 6-month, half-time experience.

*Medical/Surgical Supervisor: Dr. Jeff Dodds*

### **Behavioral Health Consultation-Pain**

The emphasis of this rotation is on both the provision of consultation-liaison service and participation in ongoing treatment programs for selected medical patient populations. Activities include assessment and intervention with chronic pain; education/support groups for patients with chronic health problems; stress management, and relaxation training. There are also opportunities for training and staff development with medical treatment team staff (e.g., nurses, residents), for experience in multidisciplinary treatment approaches, and in treatment/program outcome data collection and assessment.

By the end of this rotation, interns will have a working knowledge of relevant medical terminology and with those medical disorders which are strongly linked to psychological functioning ("mind-body" connections). Interns will also gain experience with the specific types of psychological issues and problems that result from a variety of medical illnesses and conditions. As part of the above, interns will learn the necessary techniques involved in interviewing and testing medical patients, and incorporating existing psychological interviewing skills as well as the skills unique to interviewing medical patients. Interns will learn to write reports that communicate findings in a manner which both describes problems clearly and in which solutions or a treatment course are offered or recommended. In addition, interns will learn to screen



medical records for relevant psychological information, and finally, to educate physicians and allied health care personnel about the role of a psychologist in a medical setting.

Approximately 60% of an intern's training activities will be treatment-oriented, including direct individual or group therapy, as well as staff education and development. There is also the possibility of work with couples and family members. Up to 40% is assessment oriented, with an emphasis on assessment of chronic pain, cognitive and affective status of selected medical outpatients and inpatients.

*Behavioral Health Consultation–Pain Supervisor: Drs. Jamie Zabukovec*

### **Primary Care Psychology**

The emphasis of this rotation is on the provision of brief evaluation and intervention to outpatients who are identified as being in need of psychological assistance by their primary care providers (PCP's). Thus, psychology staff/trainees utilize brief assessment and therapy modalities which may assist the provider in managing or improving the patient's overall medical outcomes. Through the course of this rotation, interns will work closely with other members of a multidisciplinary team within the primary care setting. Interns will become familiar with common medical terminology and will become proficient in reviewing medical records for information relevant to their clinical role. Interns will learn to document and verbalize their findings and recommendations succinctly to accommodate a high volume and frequency of patient encounters inherent in integrated primary care.

The most common and appropriate use of this service is usually to address mild, uncomplicated depression and/or anxiety as an adjunct to medication treatment (such as SSRI trial) being prescribed by the PCP. Other perfectly acceptable referrals may be related to psychosocial stress, adjustment difficulties, grief, decrease in medical compliance, or other stressor and/or lifestyle-related presentations. Several comorbid conditions frequently are seen. Interns may also assist in teaching tobacco cessation and MOVE! (weight management) classes, depending upon timing of the rotation (classes often don't meet as frequently during December due to the holidays). Approximately 50% of an intern's training time will be spent in treatment-oriented activities and 50% in brief assessment. This rotation is open to all interns.

*Primary Care Psychology Supervisor: Drs. Chelita Dubois and LaDonna Saxon*

### **Chronic Pain Rehabilitation Program**

The Chronic Pain Rehabilitation Program (CPRP) is one component of the chronic pain treatment services at the North Texas VA. The CPRP is unique in its interdisciplinary origins and administration, and is the only CARF-accredited pain program in VISN 17. Pain staff members operate an outpatient screening and treatment program that provides tertiary level chronic pain care in a collaborative multidisciplinary team. Primary staff involved in the program all specialize in chronic pain, and include Dr. Jeffrey Kinderdietz, Clinical Psychologist, Dr. Pooya Pouralifazel, Anesthesiologist, Dr. Sherronda Gayle Pharmacist, Anna Ramos, PT MCMT, John Makinde, PA and Shirley Ragler, RN MSN. The goal of our team is to teach Veterans how to manage pain so they can return to a more active, productive and independent life without pain restricting and incapacitating them.

As part of the CPRP you will have an opportunity to become an integral member of this high-functioning interdisciplinary team. You will become familiar with a wide range of knowledge concerning treatment, classification and etiology of medical disorders that have chronic pain as a component. Interns will acquire

knowledge and appropriate utilization of non-psychological modalities by observing various treatments for chronic pain (e.g., PT, OT, pool therapy). As part of this rotation interns will complete admission consultations (includes interview, pretest battery and report preparation). You will use a range of behavioral techniques (e.g., cognitive-behavioral therapy, operant conditioning, reinforced practice, compliance monitoring, traditional therapy and assessment, etc.) to promote behavior change in both group and individual sessions. As part of this rotation you will write progress notes on patients whose care you coordinate. Interns will also attend and participate in weekly team activities (interdisciplinary team meetings and weekly pain educational sessions). In addition, you will assist with the collection of data through the administration, scoring and interpretation of various assessment measures (BDI-II, BAI, ISI, MMPI-II (RF), POQ-SF, PCS, PSEQ, SF-36). If an intern would like to pursue research in chronic pain the staff and data from the CPRP will be made available to accommodate those interests though research would typically be beyond the scope of the clinical rotation.

*Chronic Pain Rehabilitation Program Supervisor: Jeffrey Kinderdietz, Ph.D.*

### **TBI / Polytrauma Rotation**

The primary focus of this rotation is the outpatient neuropsychological evaluation of Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) veterans receiving Polytrauma services who have suspected or confirmed Traumatic Brain Injury (TBI). As such, significant prior neuropsychological testing experience is an essential pre-requisite for participation in this rotation: the individual intern's neuropsychological experience/knowledge will need to be, first, deemed sufficient by the TBI/Polytrauma Team supervisor before being approved for this rotation.

The Polytrauma program was initially developed to assist veterans by providing them with comprehensive services and an interdisciplinary approach to their treatment. By definition, Polytrauma patients are those who have sustained multiple, simultaneous physical injuries—at least one of which was life threatening. The TBI/Polytrauma program has as its mission the assessment and treatment of injured OEF/OIF veterans who have had experiences consistent with traumatic brain injury: severity ranging from mild to severe. Especially in those veterans who have likely sustained a mild TBI, the crux of the work is the differentiation of symptoms of brain injury from those that are likely the result of mental health issues (e.g., Posttraumatic Stress Disorder, mood disorders, etc.), comorbid medical issues, chronic pain, and/or sleep disturbance. While the intern's duties are predominantly assessment in nature, there is also the opportunity to co-facilitate a weekly support group consisting of members with histories of moderate to severe TBIs. Interns on this rotation will also have the chance to attend all regularly scheduled Neuropsychology Track didactics including weekly neuropsychology group supervision, weekly neuropsychology journal club via V-Tel with Dallas VA neuropsychology staff and San Antonio VA neuropsychology staff, twice a month neuropsychology case conference, monthly neuropsychology research meetings, and monthly neurology grand rounds and brain cutting at UT Southwestern Medical Center.

This rotation will afford interns with the opportunity to enhance neuropsychological assessment and case conceptualization skills. It will also serve as an experience where interns will get exposure to veterans who often have complex presentations, as well as having sustained reported TBIs. The TBI /Polytrauma rotation will provide interns with a chance to learn more about making determinations of the likely etiology of cognitive complaints in the context of the multifactorial contributions of physical, psychological, and/or interpersonal issues. Interns who take part in this rotation will additionally gain experience serving as a member of an interdisciplinary treatment team.

*TBI/Polytrauma Team Supervisor: Dr. Justin Jaramillo*

### **Mental Health Copper Team and Platinum Team**

The Copper and Platinum teams treat patients with affective disorders, anxiety disorders, and psychotic disorders. The Copper Team and the Platinum Team are assigned patients without regard to clinical mental illness diagnoses or problems. Their relatively equivalent staffing patterns allow for the full gamut of clinical services, including group, individual, and couples therapy, to be provided per patients' needs. On either of these team rotations, an intern will be able to follow patients across levels of mental health care. All services may be provided on an outpatient level; but, in the case of some patients, care may begin with an inpatient stay. The intern has the opportunity to follow the patient providing assessment and clinical services across these levels of care. A wide range of psychological services will be learned and utilized during assignment to one of these teams. Most of the intern's clinical time will be spent in providing individual, group and/or other forms of psychotherapy. Both teams offer interns the opportunity to perform psychological assessments in the service of treatment planning and disposition.

*Copper Team Supervisors: Drs. Robin Chang, Gloria Emmett, and Meredith Shaw*

*Platinum Team Supervisors: Drs. Amelia Anthony, Melanie Biggs, and Sarah Spain*

### **Mental Health Silver Team (Geriatric Mental Health Team)**

The Silver Team specializes in the mental health care of older adult patients. Patients age 62 and older are assigned to this team for their care regardless of their psychiatric diagnosis. In this manner, the Silver Team is very much a general practice team with specialization in terms of the age cohort which it treats. Interns work within the context of an interdisciplinary team at all stages of patient evaluation and treatment. They acquire knowledge of and skills in areas including cognitive screening, neuropsychological assessment, and common mental health problems associated with aging. The vast majority of work will be with outpatients although the Psychology Intern may be called upon periodically to see inpatients for comprehensive assessment and/or psychotherapy. Interns may engage in brief, supportive psychotherapy with selected patients and/or their caregivers.

Approximately 70% of the intern's time is spent in neuropsychological assessment and integrative report writing. An intern will spend the remaining time involved in family consultation and education, individual and/or group psychotherapy, and psychoeducational groups in the Mental Health Rehabilitation module. Supervision may be provided in a layered manner, with that supervision being from the Geropsychology Post Doctoral student under the supervision of one of the licensed psychologists on the Silver Team.

Due to the specialized nature of neuropsychological evaluations, an intern will be required to have the following minimum prerequisites to select the Silver Team rotation: 1) completion of graduate level classes in psychobiology and neuropsychology; and 2) completion of at least two neuropsychological assessments (in a supervised practicum or clerkship setting), which include administering, scoring, case conceptualization, and written report using a diverse battery of cognitive tests.

*Silver Team Supervisor: Drs. Mark Floyd and Mary Catherine Dodson*

### **Mental Health Gold Team (Substance Use Disorders Team)**

The Mental Health Gold Team is a multidisciplinary team that specializes in providing mental health care to Veterans whose primary diagnoses involve Substance Use Disorders. The Gold Team is comprised of a

residential rehabilitation program, an intensive outpatient program, and aftercare services. Interns participating in this rotation will have the opportunity to see MH Gold Team Veterans on multiple levels of care. Most chemically dependent Veterans also have co-occurring psychiatric disorders, such as affective disorders, anxiety disorders, adjustment disorders, psychotic disorders, and personality disorders. Within the residential rehabilitation program, interns may provide psycho-educational groups which concern both substance abuse and psychiatric disorders. Additionally, interns would follow a Veteran through the rehabilitation process including assessment, individual therapy, and treatment coordination services. Within the outpatient population, interns would have the opportunity to provide psychological assessment, individual therapy, and group therapy. An intern on this rotation would spend 60-70% of their time in individual and group therapy, approximately 20% providing treatment coordinator services, and 10-20% providing assessments and psycho-educational classes. Supervision is provided on a “layered” basis with Postdoctoral Psychology Fellows serving as the primary direct supervisors of interns.

*Gold Team Supervisors: Drs. Michael Dolan and Kathleen Dohoney*

### **Mental Health Inpatient Unit and Home Based Primary Care**

The inpatient rotation will provide interns with an opportunity to experience the full continuum of psychopathology while providing interventions that contribute to remediation of acute symptoms. Typically, psychology interns will play an active role on a multidisciplinary treatment team, providing direct clinical services, leading therapy groups, and contributing to treatment planning and facilitation/implementation. The overall approach of care is from a recovery and empowerment perspective, with psychology interns promoting recovery through empowering patients to use adaptive strategies to manage various psychiatric illnesses, increase self-efficacy, improve & enhance coping skills in addition to reinforcing and expanding current positive behaviors. They will educate veterans, families and others on the nature of mental illness and its manifestations for the specific veteran. The psychology intern also strives to enhance the milieu by contributing to the structure and consistency of treatment on the inpatient unit.

On this rotation, psychology interns will attend morning report and participate in rounds/treatment team meetings. They will conduct group psychotherapy on the unit, with the groups varying in theme, and typically utilizing a psycho-educational or cognitive behavioral approach. Interns will provide short-term, intensive individual psychotherapy. Since a large number of our population come to us with a history of engaging in psychotherapy, the intern may use skills that promote the continued progress & familiarity with a specific approach, intervention, or technique such as: Relaxation Training, Cognitive Behavioral Skills Training, Distress Tolerance and Symptom Management (i.e. grounding strategies for flashbacks, distress tolerance skills for borderline patients), education on mental illness and the relationship with other accompanying illnesses (diabetes, HIV), education and support to families, conducting brief psychological assessments for diagnostic and treatment planning purposes, and assisting in facilitating further psychological treatment and in the role of liaison for treatment between the inpatient unit and outpatient psychology services.

Interns who choose the Inpatient Unit have the opportunity of gaining limited experience with Home Based Primary Care (HBPC) by "shadowing" the psychologists who are assigned to this setting. HBPC psychologists are members of an interdisciplinary team which makes home visits to veterans who are unable to come to the VA Medical Center. Psychologists in HBPC provide consultation, assessment and psychotherapy.

*Inpatient Unit Supervisors: Drs. Aletha Miller and Victoria Tomczak*  
*HBPC Supervisors: Drs. Brad Nederostek and Elizabeth Wiley*

**Mental Health Trauma Team:**  
**OEF/OIF/OND Team**

OEF/OIF/OND Team: The OEF/OIF/OND Team has been treating patients from the Afghanistan and Iraq wars since 2007. Their primary focus is the treatment of mental health problems such as PTSD, depression, and anxiety. The patient population from these wars requires a specialized focus on the unique problems faced by this cohort. Clinical services include: diagnostic evaluation; group therapy, and individual treatment; case management; education; psychological testing; and psychopharmacological assessment and management. This rotation includes opportunities for trainees to learn and be supervised in delivery of any of the following EBTs: Imagery Rehearsal Therapy for Nightmares, Prolonged Exposure Therapy, Cognitive Processing Therapy and/or Integrative Behavioral Couple Therapy.

*OEF/OIF/OND Supervisor: Dr. Lisa Thoman*  
*Secondary Supervisor: Dr. Jamylah Jackson*

**Mental Health Trauma Team:**  
**PTSD/SUD Team**

The primary focus of this rotation is the assessment and treatment of veterans with comorbid PTSD and substance use disorders in an outpatient clinic (as part of an interdisciplinary MH treatment team). The patient population is comprised of male and female veterans from all war eras, with male OEF/OIF/OND being the most common. PTSD/SUD patients often have complex histories and symptom presentations, which gives trainees the opportunity to refine differential diagnosis skills and gain experience with treatment planning that best meets the patient's needs/readiness level and stage of recovery. Trainees will gain exposure to therapeutic techniques relevant to this subpopulation (e.g., motivational enhancement, behavioral modification/activation, CBT for alcohol use disorders), Seeking Safety, EBPs for PTSD (CPT, PE) as well as present-centered, time-limited therapy geared toward developing coping skills for anxiety management, PTSD and sobriety maintenance/relapse prevention. Trainees will gain experience with assessment, including comprehensive PTSD intake evaluations, and opportunities for assessment of symptom validity and malingering.

*PTSD/SUD Supervisor: Dr. Julia Smith*  
*Secondary Supervisor: Dr. Reed Robinson*

**Mental Health Trauma Team:**  
**PTSD Clinical Team (PCT)**

The PTSD Clinical Team (PCT) has been in continuous operation since its inception in January, 1987. It is staffed by psychologists, a social worker, and a psychiatrist. Clinical services include diagnostic evaluation; group, individual and couples treatment; education; psychological testing; and psychopharmacological assessment and management. PCT services may be time-limited or open-ended, depending on the specific needs of the veteran. Group therapies offered to veterans include both ongoing support groups as well as time-limited groups, including psychoeducational groups as well as ACT groups. Individual therapies include supportive psychotherapy, and evidence-based therapies such as Prolonged Exposure Therapy, Cognitive Processing Therapy (CPT) and Acceptance and Commitment (ACT) Therapy. PCT services may be time limited or open-ended, depending on the specific needs of the veteran.

*PCT Supervisors: Drs. John Black, Chris St. John, and Betsy Lewis*

### **Mental Health Trauma Team:**

#### **Women's Stress Disorder and Military Sexual Trauma Program (WSD-MST)**

The Women's Stress Disorder and Military Sexual Trauma Program (WSD-MST) is a program that provides outpatient mental services to male and female Veterans who have experienced a Military Sexual Trauma (MST), and female Veterans with childhood, adult civilian and combat trauma histories.

The term Military Sexual Trauma (MST) is defined by Federal law (Title 38 U.S. Code 1720D) and is "psychological trauma, which in the judgment of a VA mental health professional, resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the Veteran was serving on active duty, active duty for training, or inactive duty training." Sexual harassment is further defined as "repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character."

The VA is committed to treating Any Veteran who had an experience of sexual assault or repeated, threatening sexual harassment during a period of active duty, active duty for training, and inactive duty for training. The Veteran does not have to be service connected for a mental health condition secondary to MST or have reported the MST while in the military in order to receive MST-related care through the VA. Also, Veterans who do not meet length of active duty requirements for general enrollment in VA health care are still eligible to receive care only for MST-related conditions. Veterans with an Other than Honorable discharge may receive MST-related care if a VBA Regional Office rules that the character of discharge is not a bar to health care benefits. Both women and men can experience MST and are eligible to receive services.

The outpatient mental services offered in the WSD&MST program include evidence-based individual psychotherapies such as Prolonged Exposure (PE), Cognitive-Processing Therapy (CPT), Acceptance and Commitment Therapy (ACT), Cognitive-Behavioral Therapy for Depression (CBT-D), and Dialectical Behavior Therapy (DBT). Treatment is individually tailored for each Veteran after a thorough psychological evaluation that includes objective, standardized interviews and psychometrically valid measures of psychopathology and distress. The WSD-MST Team offers three types of therapy groups: structured/didactic (psychoeducational, skills-based, and support). Pharmacotherapy is also offered via a psychiatrist assigned to the program. Opportunities to learn about assessment, clinical treatment, and research with this specialty population are available to interns.

*WST-MST Supervisor: Drs. Heidi Koehler and Haley Downing*

### **Homeless Domiciliary**

A rotation on the Homeless Dom exposes interns to the full continuum of psychopathology as well as other psychosocial barriers to mental health. The typical resident has dual diagnoses as well as a period of homelessness and unemployment. Additionally, many of the residents have medical disorders amenable to remediation through psychotherapy. The intern, under the guidance of a multidisciplinary team which includes two psychologists, gains experience in treatment planning, testing and assessment, individual and group psychotherapy, psychoeducational groups and using the milieu to affected psychological growth towards health. When possible, the intern also gets experience supervising practicum students.

Additionally, the HDom rotation provides experience with community activities in coordination with the Comprehensive Homelessness Center. In the past, these activities included such events as the Homeless Stand Down, the 9/11 Memorial event and the Suicide Prevention Awareness week.

The staff psychologists provide instruction and supervision on a broad array of therapeutic techniques and theoretical orientations. Interns have wide in selecting patients and activities so they can tailor the rotation to meet their strengths and needs as a trainee.

*Homeless Domicilliary Supervisors: Drs. Michael Cunningham and Angela Hill*

### **Telemental Health (TMH) Team**

Technology is expanding the ways in which VA psychologists may reach out to Veterans with mental health needs. The Telemental Health (TMH) program provides outpatient mental health care to Veterans served in rural Texas VA community-based outpatient clinics (CBOCs) located in Bridgeport, Denton, Greenville, Sherman, and Tyler. The program aims to increase patient access to specialty mental health care in rural and underserved areas, and to reduce the number of miles that patients must travel to receive mental health services. Using secure videoconferencing technology, the TMH service connects mental health providers to clinics that require additional mental health services for their patients, including consultation, initial patient assessments, individual psychotherapy, group psychotherapy, and specialized interventions (e.g., evidence-based therapies). The TMH provider collaborates with the patient's other local VA providers to ensure quality comprehensive care. Because the TMH program serves an array of different clients with variable clinical needs, the placement may align with a diversity of training goals. Commonly requested services include Cognitive Processing Therapy, Prolonged Exposure, Cognitive Behavioral Therapy, and Integrative Behavioral Couples Therapy. Emphasis is placed on the provision of empirically supported treatments. In addition to these clinical opportunities, interns have the option of contributing to several ongoing quality improvement and research projects. Interns will receive training in the technology used in telemental health, as well as specialized clinical and programmatic considerations for this mechanism of service delivery.

*Telemental Health Supervisor: Dr. Derek Burks*

### **Fort Worth Mental Health Clinic (FW MHC)**

The Fort Worth Mental Health Clinic is a satellite clinic of the Medical Center, operating since 1992 to provide a full range of mental health services to Veterans living in the western region of our catchment area. Due to the large number of Veterans seeking services in this area, a new facility was built in 2010 to house a variety of specialty care needs. The FW MHC functions as a multi-disciplinary treatment team. Current staff includes 9 psychologists, 3 full-time and 4 part-time psychiatrists, 4 advanced practice nurses, 3 licensed clinical social workers, 1 addiction therapist, 2 registered nurses, 2 licensed vocational nurses, 1 peer support specialist, and 2 recreation therapists. There is a high degree of treatment coordination and supportive interaction amongst the disciplines at the FW MHC.

The vast majority of an intern's training experience is usually devoted to the provision of therapy, both individual and group. To allow adequate time to develop competency in the selected therapy modalities, it is strongly recommended that interns complete the rotation on a six-month, half-time basis (i.e., two days per week for 6 months). Interns will also have opportunities to conduct clinical interviews and perform psychological and personality testing to assist with diagnosis and treatment recommendations, largely but not exclusively within the context of psychotherapy.

Veterans diagnosed with PTSD or Major Depression represent the most commonly treated populations at the FW MHC; however, the full spectrum of adult DSM-5 diagnoses are treated here. Interns can participate in a wide variety of treatments including skills training groups, process groups, and time-limited, evidence-based 1:1 psychotherapy. Similarly, FW MHC interns can receive supervision in providing a number of therapeutic approaches that include the following evidence-based treatments: PE, CPT, ACT for Depression, CBT for Insomnia, CBT for Chronic Pain, and IPT for Depression. If a student has already been trained in EMDR, supervision is available for the use of this cognitive behavioral treatment modality. Staff at the Fort Worth MHC have a variety of theoretical backgrounds and training – and there is supervision by very experienced clinicians who use a more eclectic approach to treatment. Interns can also gain experience in a variety of groups, including: 1) skills-training modules targeting different patient populations and issues (i.e., modified Stress Inoculation Skills training groups for combat and non-combat trauma or military sexual trauma, modified DBT groups, Mindfulness groups, ACT groups, etc.); 2) a couple of process-oriented groups targeting different populations of patients; 3) a substance use recovery Relapse Prevention group; and 4) tobacco cessation groups. Interns could also choose to train in Mental Health Primary Care, where they would further develop brief assessment, short-term counseling, and behavioral medicine skills while embedded within general medical Patient Aligned Care Teams.

*FW MHC Supervisors: Drs. Janet Ashworth, Janice Bennett, Ken Farr, Lillian Gibson, Eric Mariano, Jan Rider, Tara Saia Lewis, Tom Wilhite, and Brittney Wright*

### **Bonham PTSD DOM Program (PTSD DOM)**

The Bonham PTSD Domiciliary (PTSD DOM) program is an eighteen bed residential PTSD treatment program housed within the Bonham Domiciliary, a 224 bed psychosocial residential facility which has been in operation since the early 1980s. The Bonham Domiciliary is situated in Bonham Texas as part of the Sam Rayburn Memorial Veterans Center. We serve veterans in the South Oklahoma and North Texas areas and the local population is 34,000. The Bonham Domiciliary is about 70 miles north east of Dallas, and easily accessible to several suburbs north and east of Dallas, such as McKinney, Rockwall, Plano, and Frisco. The serene commute through some of North Texas' most pastoral countryside complements the relaxed work environment and offers our patients a chance to immerse themselves in their treatment program without undue distractions.

The PTSD DOM program was initiated in 2013 to address local and regional needs for intensive treatments using evidence-based practices. The PTSD DOM is an 8-week, closed cohort, intensive residential treatment program open to all veterans suffering from any form of trauma: combat-related, non-combat, MST, and civilian traumas. Staffing consists of a psychologist, 3 clinical social workers, a registered nurse, peer support specialist, licensed professional counselor, and 2 psychiatrists. Clinical services include group, individual, and couples/family treatment; case management; psychological testing; and psychopharmacological assessment and management. Group therapies are time-limited to the duration of the 8 week program. The prospective intern will have an opportunity to participate in psychoeducation groups as well as Cognitive Processing Therapy (CPT) and Acceptance and Commitment Therapy (ACT) groups. Supervision for individual therapies including CPT and Prolonged Exposure (PE) therapy is available to interns. Additional therapeutic activities are available including possible co-facilitation of Seeking Safety and Dialectical Behavior Therapy skills groups.



The majority of an intern's training experience is devoted to the provision of psychotherapy, both individual and group, although opportunities are also available for diagnostic evaluations, psychological and personality assessment, risk assessment, and collaboration/consultation with other professionals in an interdisciplinary treatment team setting. To allow adequate time to develop competency in the selected therapy modalities, it is strongly recommended that interns complete the rotation on a six-month, half-time basis (i.e., two days per week for 6 months).

*PTSD Dom Supervisors: Drs. Jonathan Fluck, PhD and Richard Rasulis, PhD*

### ***Didactic Training***

Intern training seminars are provided weekly with two to three scheduled didactics presented each week. These seminars afford an opportunity to receive pertinent information and to exchange ideas regarding a range of clinical and professional issues. The two or three weekly training seminars are scheduled for interns and are each typically 60 minutes in length. The training seminars are held on Mondays, as are other administrative meetings. The format of these training activities includes didactic seminars, discussions, case conferences, practice sessions (e.g., test administration), and various combinations thereof. The content of the seminars includes exposure to a broad range of issues and topics in clinical practice rather than an in depth coverage of a smaller number of topics. The schedule is planned to follow a logical progression of skills, from more basic information needed to work in the VA system, to general assessment and therapy issues, to more specialized topics. Some topics are covered in a single session, while others are addressed in a series of sessions.

The didactic presenters include VA Psychologists, other Medical Center staff, invited outside consultants, and interns themselves. These training seminars are subject to constant review and revision in an attempt to maintain high quality, professional relevance, and the interest of interns. Interns are asked to rate each seminar on quality and relevance, as well as to suggest topics that are of particular interest to them. Various other training seminars may be available on individual program units, sponsored by various services (e.g., Mental Health, Social Work Service, Medicine) or presented by the Medical Center. Mental Health Continuing Education programs are scheduled routinely for both interns and staff, typically on Thursdays.

The seminar time slots will also be utilized for interns presenting two psychotherapy cases in a structured case presentation format and two psychological assessment evaluations, also in a structured case presentation format.

### ***Requirements for Completion***

Interns and members of the Training Committee will formulate a year-long training plan at the beginning of the internship year. Given our philosophy of "modified generalist" training, this plan will provide for integration of training experiences, with an emphasis on the balance between mastery of basic clinical skills and training in more specialized areas of personal interest. This basic plan for the internship year may be subject to subsequent revision throughout the year by negotiation between the intern and the Training Committee in response to changing perceptions of training needs and skill development.

Core Competencies for the training year are provided to the interns. These competencies address basic clinical skills to be mastered by all interns, and include an understanding of adaptive and dysfunctional

human behavior in a variety of contexts; the ability to administer, score, and interpret psychological assessment instruments; the use of clinical interviewing techniques; and the ability to conceptualize, plan, and implement a range of individual and group treatment procedures. Additionally, the internship year is a time in which interns learn time management in terms of balancing the needs of patients assigned to them along with training and supervision activities. The internship affords the opportunity, and demands, for numerous skills and services to be provided over a range of activities in an effective and reasonably efficient manner. The Core Competency ratings are done at the mid-point of each rotation and then again at the end of the rotation, ranging from “Below Intern Level” to “At Intern Level” to “Independent Practice.” Feedback is provided to the intern with information and guidance related to improving areas of weakness. As this occurs at the mid-point of the rotation, there is ample time to make corrections as needed and to gain the skills needed to maintain good standing in the program. Should the intern not meet these requirements, the Training Directors are notified and the Training Committee meets to address the problem with the supervisor and intern. If problems are recognized early in the training year, or at the mid-term of the rotation, it can be addressed in plenty of time to attempt to remediate the problem. Additionally, the Psychotherapy Presentations and Assessment Presentations allow the intern to provide a sample of their abilities in these areas. Feedback is given at the end of each of these presentations. Thus extra-rotation evaluation is available if questions arise related to ability. At the end of the internship year, a Clinical Oral Examination is administered. This has the multiple purpose of assessing the intern's ability to formulate a case presentation from novel information, prepare for the oral examination by the state licensing board, and provide a picture of how they have progressed to the culmination of their training year.

At a minimum, feedback about interns' progress is provided to respective academic programs near the middle and end of the internship.

### **Intern Group Research Project**

Interns will participate in a group, collaborative, research project. Research is an important part of our professional identity. The intern class will work together to decide upon a subject for study, which will likely be retrospective in nature. There will be shared decisionmaking regarding the research question, with a division of task responsibilities related to the literature review, IRB approval process, statistical analysis, and write-up. All will participate in the final presentation, which is expected to be a poster presented during the annual Research Week in May, and possibly as a Mental Health Grand Rounds presentation. Staff assistance will be available. Time will be allocated for this project on a weekly basis while the project is being completed.

### ***Facility and Training Resources***

The Psychology Service provides support for interns with clerical employees, offices with PC's, and the availability of appropriate assessment tools. The VANTHCS-Dallas has an automated clinical information system which is in the vanguard of computer applications in mental health programs. System functions include the scoring and interpretation of over 90 psychological tests; administration of structured interviews and social histories; the collection of medical information to assist with diagnosis and treatment planning; and monitoring of administrative and clinical concerns such as length of stay and bed occupancy. This system provides a unique opportunity for psychology interns to acquire hands-on experience with an extensive computer system in a large mental health setting. Most training rotations utilize automated assessment. Additional scoring software is available on various staff or service PC's. The Medical Center Library Service has a number of psychology publications, including journals and access to Psychological Abstracts and PsychInfo. Materials not in the library or available in on-line full-text can typically be

obtained on interlibrary loan within a few days. Computerized literature searches on selected topics are available online from the intern's office PC.

## ***Administrative Policies and Procedures***

*Our privacy policy is clear: We will not collect personal information about any visitors to our website.*

### **Policies regarding the training program:**

It is expected that trainees will follow the APA Ethical Principles and Code of Conduct as a guiding principle of their professional conduct. This can be accessed through the APA website at the following URL: <http://www.apa.org/ethics/code/index.aspx>. It is expected that trainees will follow these principles and will expect others in psychology to likewise do so. If the trainee becomes aware of violations, it is expected that they will notify their supervisor, the Training Director, Assistant Training Director, or the Chief of Psychology.

Although interns accrue annual leave and sick leave per each pay period, it is the program's policy that fellows should not take more than 5 days of annual leave during any quarter of the year regardless of the amount of leave they have accrued. Exceptions can be made for extraordinary circumstances. The purpose of this policy is to minimize absence from the work-related learning which is the core of the training program. One day of Authorized Absence is allowed for defense of dissertation. Others may be granted for presentations at professional meetings at the discretion of the Director of Training and the Chief, Psychology Service.

If interns exhibit impaired or deficient performance and progress, the following procedures are noted including grievance procedures:

### ***Potential domains of problematic intern behavior include two general areas:***

1. Professional skills, competence and functioning
2. Adherence to professional ethics

Relatively minor problems identified at the time of rotation evaluations may result in the modification of training experiences for the rest of the year, as has been noted above. Such modifications are the responsibility of the supervisor but may be based on consultation with the Director of Training and/or Internship Training Committee. Minor problems identified at the time of the evaluations will be communicated by the supervisor to the Director of Training to determine if any assistance is needed for the intern.

Problems deemed to be sufficiently serious to pose a potential threat to the intern's successful completion of the internship will be referred to the Internship Training Committee for consideration. Such problems may be identified at any time. In case of a serious breach of ethical principles, the Internship Training Committee may recommend to the Chief of Psychology that the intern be terminated immediately. In most cases, though, the Internship Training Committee will develop a written remediation plan to help the intern achieve an acceptable level of performance. The remediation plan will specify the skills and/or behaviors to be changed and will stipulate a date for their remediation. The remediation plan may include a revision of the intern's training activities. A copy of this plan will be given the intern. Within one week of the stipulated date for the remediation of problems, the Training Committee will make a determination of progress. The Internship Training Committee may consider input from the supervisor and the intern. All

Internship Training Committee decisions will be by majority vote and will be communicated in writing to the intern.

***Three determinations by the Internship Training Committee are possible, each followed by a different course of action:***

1. If a determination of satisfactory progress is made, the remediation plan will be terminated.
2. If the Internship Training Committee determines that sufficient progress has been made so that it seems possible the intern will successfully complete the internship but that further remediation is necessary, a revised remediation plan will be developed.
3. If a determination of unsatisfactory progress is made, the Internship Training Committee will conduct a formal hearing with the intern within one week. The intern will receive a minimum three days notice to prepare for this hearing. Issue(s) of concern will be addressed to the intern by the Internship Training Committee and any other staff electing to attend. The intern will be afforded an opportunity to respond and may invite anyone of his/her choice to attend the hearing to provide additional information. Within one week of the hearing, the Internship Training Committee will either develop a revised remediation plan or will recommend termination of the intern to the Chief of Psychology. Proceedings of the hearing will be documented in a summary transcript.

At any time prior to termination from the internship program, an intern may be permitted to resign his/her internship.

**Grievance Procedure/Appeal Process:**

If the Internship Training Committee recommends termination of the intern from the internship, the intern may appeal this decision in writing to the Chief of Psychology within one week. If an appeal is made, the Chief of Psychology will appoint a panel to hear and rule on the appeal. The appeal panel will consist of no less than three professional staff members of the intern's discipline, some or all of whom may be members of the VA North Texas Health Care System's staff. No panel member will be a member of the Internship Training Committee, a current or past supervisor of the intern, or anyone who has previously lodged a formal complaint against the intern. The intern will present the appeal. The Director of Training will present the position of the Internship Training Committee. The hearing will be conducted in an informal manner and will not be bound by legal rules of evidence or testimony. Either side may call and examine witnesses or present other information as it deems appropriate. A decision to terminate will be based on the evidentiary standard of clear and convincing proof. Any decision of the panel will be by simple majority. Proceedings of the appeal hearing will be documented in a summary transcript.

If the appeal panel recommends that the intern's appointment be continued, the Director of Training, Internship Training Committee, and discipline staff will abide by this decision, taking into account any further recommendations of the panel. It will be the responsibility of the Director of Training, under these circumstances, to negotiate with the intern and the supervisor an acceptable training plan for the balance of the training year.

A recommendation of termination by the appeal panel will be communicated to the VA North Texas Health Care System's Chief of Staff, accompanied by transcripts of both hearings and any pertinent supporting information or documents.

***The Chief of Staff will review the material for:***

1. Evidence of failure to follow the procedures specified in this policy.
2. Evidence of capriciousness or arbitrariness in the action.

Affirmation of either of these by the Chief of Staff would result in the intern being retained. Otherwise the intern will be terminated immediately.

The results of the appeal proceedings will be communicated in writing to the intern.

### ***DIRECTOR OF TRAINING:***

**Dr. Jamylah Jackson** serves as the Director of Training for the psychology programs within VANTHCS. She is board certified in Clinical Psychology (ABPP) and received her Ph.D. in Clinical Psychology in 2005 from the University of Georgia at Athens. She completed her Doctoral internship (2004) and Postdoctoral Fellowship (2006) at VANTHCS, and has been on staff since that time. Dr. Jackson is a staff psychologist within the MH Trauma Services Clinic, a specialty MH clinic which provides evidence-based assessment and psychotherapy to veterans with Posttraumatic Stress Disorder (PTSD). More specifically, Dr. Jackson provides individual and therapy to veterans of the OEF/OIF/OND era. Dr. Jackson is an Assistant Professor in the department of Psychiatry at University of Texas Southwestern Medical Center. Her clinical interests include Substance Abuse/Dependence Treatment, Co-morbid conditions of Substance Abuse, PTSD, and Diversity/Multicultural Issues. Her theoretical orientation is comprised of cognitive-behavioral, behavioral and interpersonal approaches.

### ***ASSISTANT DIRECTOR OF TRAINING:***

**Dr. Julia Smith** is the Assistant Director of Training for the psychology programs. She is a licensed psychologist in the states of Texas and Kansas. She received her Psy.D. in Clinical Psychology from the Illinois School of Professional Psychology (ISPP) in 2008. She completed her Postdoctoral fellowship at VANTHCS (2008-2009), and has been on staff since that time. Dr. Smith also serves as a staff psychologist within the MH Trauma Services Clinic as the PTSD/Substance Use Disorder (SUD) Specialist. Dr. Smith is an Assistant Professor in the department of Psychiatry at University of Texas Southwestern Medical Center. Her clinical interests include assessment of symptom validity and malingering, co-occurring disorders, (PTSD/SUD), exposure therapy, behavioral therapy for obsessive compulsive disorders and motivational enhancement techniques, including the role of personal values in commitment to change. Her theoretical orientation is comprised of behavioral and cognitive-behavioral approaches. Research interests include exploring novel and adjunctive treatments for PTSD, Military Sexual Trauma, personality disorders and development of outcome measures for performance enhancement.

### ***TRAINING STAFF:***

**Dr. Amelia (Amy) Anthony** is a licensed Psychologist in the state of Texas. She earned her Ph.D. in Clinical Psychology from the University of Texas Southwestern Medical Center at Dallas in 1990. She has worked at VANTHCS from 1990-2000, returning in 2005. She currently works within the MH Platinum team, one of the general MH teams in the health care System. Dr. Anthony is an Assistant Professor in the department of Psychiatry at University of Texas Southwestern Medical Center. Her clinical interests include mindfulness training and compassion-based approaches, adult developmental issues, and treatment of anxiety disorders, including social phobia and PTSD. Her theoretical orientation includes mindfulness-based psychotherapy, Acceptance and Commitment Therapy, Interpersonal Therapy, existential, and Jungian approaches.

**Dr. Barry Ardolf** is Board Certified in Clinical Neuropsychology (ABPP). He earned his Psy.D. in Clinical Psychology for the Forest Institute of Professional Psychology in 2005. He completed his Doctoral internship at VANTHCS in 2005 and a Neuropsychology fellowship at Henry Ford Hospital in Detroit, Michigan in 2007. He has been on staff at VANTHCS since 2007 and current serves as a staff neuropsychologist on the Neuropsychology Consult service. Dr. Ardolf is an Assistant Professor in the

department of Psychiatry at University of Texas Southwestern Medical Center. His clinical interests include neuropsychological assessment, dementia and geropsychology. Research interests include memory, dementia and frontal lobe impairments. Dr. Ardolf's theoretical orientation is comprised of psychodynamic and cognitive-behavioral approaches.

**Dr. Janet Ashworth** is a licensed Psychologist in the state of Texas. She earned her Ph.D. in Clinical Psychology with a Health specialty at the University of Kansas in 1999. She has worked at VANTHCS since November 2012 within the Fort Worth Outpatient Mental Health Clinic. Dr. Ashworth's clinical interests include health/medical psychology as well as forensic psychology. Her theoretical orientation is Cognitive-Behavioral. She is a member of the American Psychological Association, Association of VA Psychologist Leaders, and the Association for Contextual Behavioral Science.

**Dr. Steven Bender** is a licensed Psychologist in the state of Texas. He earned his Ph.D. in Counseling Psychology from Texas A&M University in 2000. He has been on staff at VANTHCS since 2006, and currently serves as the Clinical Director for the Bonham Mental Health Clinic. Dr. Bender's clinical interests include the assessment and treatment of PTSD. His theoretical orientation is comprised of cognitive-behavioral and psychodynamic approaches. He is a member of the American Psychological Association and International Society of Traumatic Stress.

**Dr. Janice (Jan) Bennett** is a licensed Psychologist in the state of Texas. She earned her Ph.D. in Clinical Psychology from the University of Texas at Austin in 1990. She has been on staff within the VA since 1990 and currently serves as a staff psychologist within the Fort Worth Outpatient Mental Health Clinic. Dr. Bennett's clinical interests include treatment of trauma-based conditions, EMDR, substance abuse treatment, ACT, and mindfulness. Her theoretical orientation is best described as eclectic, with influences from psychodynamic, behavioral, and contextual behaviorism with acceptance. She is a member of the EMDR International Association and Association for Contextual Behavioral Science.

**Dr. Melanie Biggs** is a licensed Psychologist in the state of Texas. She earned her Ph.D. in Clinical Psychology from the University of Texas Southwestern Medical Center at Dallas. She has been on staff at VANTHCS since 2010 and is currently a staff psychologist on the Mental Health Platinum Team. Dr. Biggs is an Associate Professor within the University of Texas Southwestern Medical Center's Department of Psychiatry (Division of Clinical Psychology). Her clinical interests include cognitive therapy, mood disorders, clinical health psychology, co-morbid depression and medical conditions while her research interests involve mood disorders and treatment outcome measures. Dr. Biggs' theoretical orientation is cognitive and cognitive behavioral. She is a member of the Academy of Cognitive Therapy and Research and has achieved ACT Diplomate Status.

**Dr. John Black** is a licensed Psychologist in the state of Texas. He earned his Ph.D. in Clinical Psychology from the University of North Carolina at Greensboro in 1978. He has been on staff at VANTHCS since 1982 and currently serves as staff psychologist on the PTSD Clinical Team. Dr. Black's clinical interests are PTSD and EMDR, with research interests of drug abuse treatment and PTSD. His theoretical orientation is behavioral. Dr. Black is a member of the American Psychological Association, Association for Behavioral and Cognitive Therapies, and the EMDR International Association.

**Dr. Derek J. Burks** is a licensed Psychologist in the state of Washington. He earned his Ph.D. in Counseling Psychology from the University of Oklahoma in 2009. Dr. Burks also earned a Master of Clinical Research Degree in Human Investigations from the Oregon Health and Science University in 2011 as well as a Master of Arts Degree in Experimental Psychology from the University of Central Oklahoma in

2005. He has been on staff at VANTHCS since 2012 and currently serves as Clinical Director of the Telemental Health Team. His clinical interests involve PTSD, telemental health, DBT, individual and group psychotherapy. Dr. Burks' research interests are telemental health, humanistic psychology, American Indian health care, and LGBT health care. His theoretical orientation is comprised of cognitive behavioral, eclectic, and interpersonal. He is a member of the American Psychological Association and the Association of VA Psychologist Leaders.

**Dr. Robin R. Chang** is a licensed Psychologist in the state of Hawaii. He earned his Ph.D. in Clinical Psychology from the University of Nebraska in Lincoln in 2002. Dr. Chang also earned Graduate Certification in Public Policy from the University of Nebraska in Lincoln during that same year. He has been with VANTHCS since 2012 and currently serves as a staff psychologist on the Mental Health Copper Team. His clinical interests include PTSD, substance abuse, motivational interviewing, individual and group psychotherapy. Dr. Chang's research interests involve information processing and anxiety disorders, timing of interventions for trauma, motivational interviewing, and mental health public policy. His theoretical orientation is primarily cognitive behavioral. He is a member of the Association for Cognitive Behavioral Therapies.

**Dr. Michael Cunningham** is a licensed Psychologist in the state of Texas. He earned his Ph.D. in Clinical Psychology from the University of North Texas in 1984. He spent the majority of his career in private practice, working closely with medical providers and providing psychological interventions for a wide variety of presenting complaints. He has been on staff at VANTHCS since 2011, and currently serves as the Chief of the Homeless Domiciliary, a residential treatment program located within the Dallas campus of VANTHCS. His theoretical orientation is cognitive-behavioral (by training), though he has incorporated a more eclectic approach over his years in practice.

**Dr. Jeffrey (Jeff) Dodds** is a licensed Psychologist in the state of Texas. He received his Ph.D. in Counseling Psychology from Texas A&M University in 2001. Dr. Dodds completed the Doctoral internship at VANTHCS before joining the staff in 2001. He currently serves as staff psychologist on the Behavioral Health Team – Medical/Surgical Specialization. He is an Assistant Professor in the department of Psychiatry at University of Texas Southwestern Medical Center. Dr. Dodds' clinical interests include treatment of combat and non-combat PTSD, sexual abuse, couples therapy, and group therapy. His theoretical orientation includes a mixture of cognitive and solution-focused approaches. He is a member of the American Psychological Association and the Association of VA Psychologists Leaders.

**Dr. M. Catherine Dodson** received her Ph.D. in Clinical Psychology from Southern Methodist University in 2013. She joined the staff at VANTHCS during that year and expects to be licensed in the state of Kansas in 2014. Dr. Dodson provides clinical services on the Mental Health Silver Team. Her clinical interests are in geropsychology, treatment of PTSD, treatment of mental disorders associated with aging and illness, individual and group psychotherapy. Her research interest is intimate partner violence. Dr. Dodson's theoretical orientation is cognitive behavioral and behavioral.

**Dr. Kathy Dohoney** is a licensed Psychologist in the state of Texas. She earned her Psy.D. in Clinical Psychology from Baylor University in 1984. She has worked at the Dept. of Veterans Affairs since 1988, and has been on staff at the VANTHCS since 1992. She works within the MH Gold Team, and serves as the Program Manager of the Gold Team's Substance Abuse Residential Rehabilitation Program (SARRTP). Her clinical interests include addictions and psychiatric comorbidity, individual and group psychotherapy, recovery from mental illness, and psychosocial rehabilitation. Her theoretical orientation includes dynamic-interpersonal and cognitive-behavioral approaches. She is also certified as a provider of Cognitive Processing Therapy for trauma work. She is a member of the Dallas Psychological Association.



**Dr. Michael Dolan** is a licensed Psychologist in the state of Texas. He earned his Ph.D. in Clinical Psychology from the University of Kentucky in 1975. He has been on staff at VANTHCS since 1978, and currently works on the MH Gold team, focusing on the assessment and treatment of chronic substance use disorders, which is his primary clinical interest. His theoretical orientation is cognitive-behavioral. His research interests include the use of contingency contracting to decrease drug abuse, cocaine addiction, needlesharing and AIDS education. He is a member of the American Psychological Association.

**Dr. Chelita DuBois** is a licensed Psychologist working in the Ambulatory Care (Primary Care) Clinic. She received her Psy.D. in Clinical Psychology from Nova Southeastern University in 2010. Her primary interest and expertise is in brief assessment and psychotherapy interventions, pre-bariatric surgery evaluations, cross-sex hormone evaluations for transgender veterans, and tinnitus management.

**Dr. Gloria Emmett** is board certified in Clinical Psychology (ABPP). She earned her Ph.D. from the University of North Texas in 2000, after completing her Predoctoral internship at VANTHCS. She has been on staff since that time and currently works within the MH Copper team, one of the general MH teams in the health care system. Dr. Emmett is an Assistant Professor in the department of Psychiatry at University of Texas Southwestern Medical Center. Her clinical interests include PTSD (including sexual and childhood trauma), grief and loss, individual, couples and group psychotherapy, including Dialectical Behavior Therapy (DBT) groups. Her theoretical orientation is Contextual Behavioral (ACT), Cognitive-Behavioral (Constructivism) and Family Systems. She is a member of the Association for Contextual Behavioral Sciences and the Dallas Psychological Association.

**Dr. Kenneth (Ken) Farr** is a licensed Psychologist in the state of Texas. He received his Ph.D. in Clinical Psychology from the University of Texas Southwestern Medical Center at Dallas in 1996. Dr. Farr works as a staff psychologist in the Fort Worth Outpatient Mental Health Clinic. His professional interests include PTSD, depression, post-military readjustment, personality disorders, and affective neuroscience. Dr. Farr's theoretical orientation is integrative (cognitive behavioral, psychodynamic, and interpersonal). He is a member of the American Psychological Association.

**Dr. Pamela Fitzpatrick** is Board Certified in Rehabilitation Psychology (ABPP). She received her Ph.D. in Clinical Psychology from Arizona State University in 1994. She completed a postdoctoral fellowship in neuropsychology at Rehab Without Walls in Phoenix, Arizona. Dr. Fitzpatrick has been with VANTHCS since 2011, serving as a staff psychologist in the Spinal Cord Injury Center and primary supervisor for psychology trainees in this capacity. She is an Assistant Professor in the department of Psychiatry at University of Texas Southwestern Medical Center. Her clinical interests include rehabilitation of spinal cord injury (SCI) and traumatic brain injury (TBI); Adjustment to disability; Pain management; Coping with chronic medical conditions. Research interests include adjustment to disability and disability and sexuality. Dr. Fitzpatrick's theoretical orientation is eclectic with cognitive behavioral, solution-focused, and systemic emphases. She is a member of the American Psychological Association – Divisions 18, 22, 38, and 40, the Academy of SCI Professionals, National Academy of Neuropsychology, and the Association of VA Psychologist Leaders.

**Dr. Mark Floyd** is a licensed Psychologist in the state of Nevada. He received his Ph.D. in 1998 from the University of Alabama. Dr. Floyd joined VANTHCS in 2007 and currently serves as a staff psychologist on the Mental Health Silver Team. His clinical interests involve geropsychology, geriatric neuropsychology, and psychopharmacology. His research interests include geropsychology, geriatric depression, bibliotherapy, and other self-administered treatments. Dr. Floyd's theoretical orientation is cognitive behavioral,

interpersonal, and existential. He is a member of the American Psychological Association – Division 20 (Adult Development & Aging).

**Dr. Jonathan Fluck** is a licensed Psychologist in the state of Arizona. He received his Ph.D. in Clinical Psychology from Texas Tech University in 2010. He completed his Pre-doctoral internship at the VANTHCS. He has had postdoctoral employment at the VANTHCS Domiciliary in Bonham, TX where he has been working since 2010. Dr. Fluck currently serves as a staff Psychologist with both the PTSD DOM and General DOM programs within the Bonham Domiciliary. His clinical interests include: PTSD, Substance Abuse, Risk Assessment, and Objective Personality Assessment. Dr. Fluck's primary theoretical orientation is cognitive-behavioral.

**Dr. Rebecca A. Frontera** received her Psy.D. in Clinical Psychology from the Adler School of Professional Psychology in 2011. She completed a Doctoral internship at Mount Sinai Medical Center within the department of Rehabilitation Medicine in New York, NY and completed a Postdoctoral fellowship in Rehabilitation Psychology at the James A. Haley VAMC in Tampa, FL. Dr. Frontera joined VANTHCS in 2013 and works within the Spinal Cord Injury Center. Her research interests include adjustment to disability, disability and sexuality, limb amputation, and resiliency. Dr. Frontera's clinical interests involve rehabilitation of spinal cord injury (SCI) and traumatic brain injury (TBI), adjustment to disability, multiple sclerosis, ALS, disability and sexuality, and coping with chronic medical conditions. Her theoretical orientation is eclectic with cognitive behavioral, solution-focused, and person-centered. She is a member of the American Psychological Association - Divisions 22 and the Academy of SCI Professionals.

**Dr. Lillian Gibson** is a licensed Psychologist in the state of Texas. She earned her Ph.D. in Clinical Psychology from Jackson State University in 2009. She completed a Postdoctoral fellowship in Geropsychology at VANTHCS in 2010, and has been on staff since that time. Dr. Gibson currently works within the Fort Worth Outpatient MH Clinic, providing individual and group evidenced based therapies focusing on the treatment of Post-Traumatic Stress Disorder, Depression, Anger Management, emotional functioning secondary to chronic pain/medical conditions, and life adjustment issues. She also has a clinical interest in Couples/martial therapy. Dr. Gibson's theoretical orientation is comprised of Cognitive Behavioral, Interpersonal, Acceptance and Commitment Therapy approaches. She is a member of the Center for Mindful Eating and the Dallas Psychological Association.

**Dr. Victoria Harvey** is a licensed Psychologist in the state of Texas. She earned her Ph.D. in Clinical Psychology from the University of Alabama. Dr. Harvey completed a Postdoctoral fellowship at VANTHCS and has been on our staff since 2011. She also serves as the Evidence-Based Psychotherapy Coordinator for Mental Health. Her clinical work is on the Mental Health Inpatient Psychiatric Team and her interests are psychological assessment, cognitive behavioral therapy, substance abuse, and co-morbid psychopathology. Research interests include emotional intelligence, antisocial behaviors and substance abuse, as well as treatment outcome. Dr. Harvey's theoretical orientation is cognitive behavioral and cognitive. She is a member of the American Psychological Association, and the American Psychology-Law Society.

**Dr. Angela Hill** is a licensed Psychologist in the state of Kansas. She received her Psy.D. in Clinical Psychology from the Georgia School of Professional Psychology in 2008. Dr. Hill completed a Postdoctoral fellowship at VANTHCS and joined the staff in 2009. Currently, she is a staff psychologist in the Domiciliary Care for Homeless Veterans - Mental Health Residential Rehabilitation Treatment Program. Her clinical interests involve mentally disordered offenders and treatment, substance abuse and comorbid disorders and treatment, and group psychotherapy (process-oriented). Her research interests are in addiction and attachment theory and male/female sex offender treatment. Dr. Hill's theoretical orientation is cognitive behavioral, psychodynamic, and interpersonal. She is a member of the American Psychological

Association, the American Association for Correctional and Forensic Psychology, and the National Register of Health Service Providers in Psychology.

**Dr. Justin R. Jaramillo** is a licensed Psychologist in the state of Illinois. He received his Psy.D. in Clinical Psychology from Rutgers University in 2011. Dr. Jaramillo joined VANTHCS in 2013 as a Clinical Neuropsychologist and works in the TBI/Polytrauma Service. His research/clinical interests include neuropsychology, rehabilitation, TBI, stroke, dementia, and individual psychotherapy. His theoretical orientation is psychodynamic and cognitive behavioral. Dr. Jaramillo is a member of the American Psychological Association – Divisions 40 (Clinical Neuropsychology) and 22 (Rehabilitation Psychology), the American Academy of Clinical Neuropsychology as an Affiliate Member, the American Congress of Rehabilitation Medicine, the International Neuropsychological Society, and the National Academy of Neuropsychology.

**Dr. Lynda Kirkland-Culp** serves as the Deputy ACOS of Mental Health. She received her Ph.D. in Neuropsychology/Physiological Psychology from Howard University in 1982 and re-specialized in Clinical Psychology at Hahnemann University in 1986. She is board certified in Clinical Psychology (ABPP). Dr. Kirkland-Culp joined VA in 2006 and VANTHCS in 2009. She is licensed in the state of Texas and in Washington, D.C. She is a member of the National Register of Health Service Providers in Psychology and attended the Graduate VA Network Executive Health Care Leadership Institute (NEHCLI) in 2008. Her research interests involve mental illness recovery/resilience and the impact of learning disabilities on the manifestation and progression of mental illness and brain injury recovery. Her clinical interests include recovery and empowerment and adaptive activation of family resources. Dr. Kirkland-Culp's theoretical orientation is psychodynamic and cognitive behavioral. She is a member of the American Psychological Association - Division 40 (Neuropsychology) and the Association of VA Psychologist Leaders.

**Dr. Heidi J. Koehler** serves as coordinator for the Military Sexual Trauma program. She received her Ph.D. in Counseling Psychology from Texas A&M University in 2000. Dr. Koehler is board certified in Clinical Psychology (ABPP) and joined VANTHCS in 2006. She is licensed in the state of Texas and works within the Mental Health Trauma Service team. She is an Assistant Professor in the department of Psychiatry at University of Texas Southwestern Medical Center and a member of the Texas Psychological Association. Her clinical interests include adult and childhood trauma, military sexual trauma, the grieving process, group psychotherapy, and dialectical behavior therapy. Her theoretical orientation is primarily existential.

**Dr. James (Jim) LePage** serves as Associate Chief of Staff of Research. He received his Ph.D. in Clinical Psychology from the University of Houston in 1997. Dr. LePage is licensed in the state of West Virginia and joined VANTHCS in 2001. He is an Assistant Professor in the department of Psychiatry at University of Texas Southwestern Medical Center and a member of the American Psychological Association and the Association of VA Psychologist Leaders. His research interests are in program and outcome evaluation, test development, and malingering. Clinical interests include homelessness, depression, vocational rehabilitation, and assessment. His theoretical orientation is behavioral and cognitive behavioral.

**Dr. Elizabeth (Betsy) Lewis** is a licensed Psychologist in the state of Texas. She received her Psy.D. in Clinical Psychology from Baylor University in 1991. Dr. Lewis joined VANTHCS in 1991 and is a member of the American Psychological Association and the Association for Women in Psychology. She provides clinical services within the PTSD Clinical Team. Relatedly, her clinical interests are PTSD treatment, prolonged exposure therapy, substance abuse, and women's treatment issues. Her theoretical orientation is primarily cognitive behavioral.

**Dr. Tameka Lewis** is a licensed Psychologist in the state of Texas. She received her Psy.D. in Clinical Psychology from the Chicago School of Professional Psychology in 2008. She completed her Doctoral internship at Patton State Hospital (Patton, CA) in clinical and forensic psychology (2007-2008). She had postdoctoral employment at Patton State Hospital (2008-2010) and North Texas State Hospital (2011-2012). Dr. Lewis has been on staff at VANTHCS since 2012, and currently serves as a staff Psychologist in the Mental Health Clinic in Bonham. Her clinical interests include cognitive behavioral therapy for depression and anxiety, social skills training, severe mental illness, symptom validity assessment, assessment of malingering, personality assessment. Dr. Lewis' theoretical orientation is comprised of cognitive-behavioral and behavioral approaches.

**Dr. Robert Joseph Longoria** is a licensed Psychologist in the state of Texas. He received his Ph.D. in Counseling Psychology from New Mexico State University in 2007. Dr. Longoria worked in the El Paso VAMC from 2007-2011 and joined VANTHCS in 2012. He currently works in the Compensation and Pension clinic. He is a member of the American Psychological Association, the Texas Psychological Association, and the Texas Association of School Psychologists. His clinical interests involve school psychology and forensic psychology. Dr. Longoria's theoretical orientation is cognitive behavioral and interpersonal.

**Dr. Eric Mariano** is a licensed Psychologist in the state of Texas. He received his Ph.D. in Clinical Psychology from State University of New York in 1998. Dr. Mariano completed a Postdoctoral fellowship at VANTHCS and joined the staff in 1999. He is a member of the Dallas Psychological Association and has clinical interests in depression, substance abuse, PTSD, and diversity/multicultural issues. He provides clinical services within the Fort Worth Outpatient Substance Abuse Program and maintains a cognitive behavioral theoretical orientation.

**Dr. Jennifer B. Mayfield** is a licensed Psychologist in the state of Iowa. She received her Ph.D. in Counseling Psychology from the University of Illinois at Urbana-Champaign in 2012. Dr. Mayfield completed a Postdoctoral fellowship at VANTHCS and joined the staff in 2013. She provides clinical services within the Bonham Domiciliary: Residential Substance Use Disorders Program. A member of the American Psychological Association, her clinical interests include substance abuse and comorbid disorders and treatment as well as evidence-based PTSD treatment. Her research interest is in contingency management. Dr. Mayfield's theoretical orientation is cognitive behavioral, interpersonal, uses multicultural counseling theory, and involves community reinforcement approaches to substance abuse treatment.

**Dr. Aletha Miller** is a licensed Psychologist in the state of Texas. She received her Ph.D. in Clinical Health Psychology from the University of North Texas in 2009. Dr. Miller joined VANTHCS in 2012 and currently works on the Mental Health Inpatient Psychiatric Team. She is a member of the American Psychological Association and the Association of VA Psychologist Leaders. Her research interests involve disability as an aspect of diversity, the impact of medical disorders and mental health, spinal cord injury, and psychosexual aspects of disability. Her clinical interests include spinal cord injuries and comorbid mental disorders, military sexual trauma, women and mental health disorders. Dr. Miller's theoretical orientation is cognitive behavioral and client-centered.

**Dr. Brad Nederostek** is a licensed Psychologist in the state of Kansas. He received his Psy.D. in Clinical Psychology from La Salle University in Philadelphia in 2010. Dr. Nederostek completed the Doctoral internship at VANTHCS and a clinical fellowship in Human Sexuality at the University of Minnesota in Minneapolis in 2012. He joined the staff at VANTHCS in 2012 and currently serves as staff psychologist on the Home Based Primary Care team. His clinical interests include sexual dysfunctions, anxiety disorders,

stress management, acceptance and commitment therapy, and individual and couples therapy. Research interests involve sexual health within the Veteran population and psychological factors affecting/exacerbating medical conditions. Dr. Nederostek is a member of the Dallas Psychological Association, the Society for Sex Therapy and Research, and the American Association of Sex Educators, Counselors, and Therapists.

**Dr. Lynnora Ratliff** is a licensed Psychologist in the state of Texas. She earned her Ph.D. in Counseling Psychology from the University of North Texas in 1990. She has worked with VANTHCS since that time, and currently serves as the staff psychologist within the Community Living Center (CLC). Her clinical interests include group psychotherapy with a geriatric population, family support groups, practical applications of neuropsychological testing results, health psychology and cardiac rehabilitation. Her research interests include depression and heart disease and using neuropsychological test results in an inpatient rehabilitation setting. Her theoretical orientation is comprised of family systems and positive psychology. She is a member of the American Psychological Association – Division 38 (Health Psychology).

**Dr. Reed Robinson** is the Assistant Chief of Psychology within Mental Health Service and Clinical Director of the Mental Health Trauma Team. Dr. Robinson received his Ph.D. in Counseling Psychology from Iowa State University in 2007. He completed his Doctoral internship at VANTHCS and joined the staff in 2007. He is licensed in the state of Texas and has an eclectic (cognitive, behavioral, interpersonal, psychodynamic) theoretical orientation. His clinical interests include PTSD diagnosis and treatment, program development, motivational interviewing, dual-diagnosis & self-medication, and prolonged exposure therapy. Dr. Robinson's research interests involve PTSD treatment efficacy and assessment (especially of personality & malingering).

**Dr. David Rose** is a licensed Psychologist in the state of Texas. He received his Ph.D. in Counseling Psychology from Texas Woman's University in 2006. He completed his Doctoral internship at Hamilton Center, Inc. in Terre Haute, IN. He has had postdoctoral employment at the Wabash Valley Correctional Facility in Indiana, Dallas County Juvenile Department in Texas, and worked in several nursing and rehabilitation facilities while employed by Vericare, Inc. Dr. Rose has been with VANTHCS since 2013 and currently serves as a staff psychologist with the General DOM within the Bonham Domiciliary. His clinical interests include: Depression, Anxiety, Couples Therapy, PTSD, and Substance Abuse. Dr. Rose's primary theoretical orientation is cognitive-behavioral.

**Dr. Tara Saia Lewis** is a licensed Psychologist in the state of Texas. She received her Ph.D. in Clinical and Health Psychology from the University of Florida in 2001. Dr. Lewis completed her Doctoral internship at VANTHCS and joined the staff in 1999. She serves as staff psychologist in the Fort Worth Outpatient Mental Health Clinic. Her clinical interests involve individual and group therapy for PTSD, mood, and anxiety disorders, as well as medical/health psychology. Her theoretical orientation is cognitive behavioral.

**Dr. LaDonna Saxon** is a licensed Psychologist in the state of Kansas. She received her Ph.D. in Clinical Health Psychology and Behavioral Medicine from the University of North Texas in 2008. Dr. Saxon completed a fellowship in Chronic Pain Rehabilitation at James A Haley VAMC in Tampa, FL. She joined VANTHCS in 2012 and serves as Health Behavior Coordinator and Tobacco Cessation Lead Clinician. An Assistant Professor in the department of Psychiatry at University of Texas Southwestern Medical Center, her research interests involve health promotion/health maintenance and coping with chronic health conditions. Her clinical interests include motivational interviewing, mindfulness, response to injury/disability, health coaching, and health promotion/disease prevention. Dr. Saxon's theoretical orientation is cognitive behavioral and humanistic. She is a members of the American Psychological Association – Division 18 (Psychologists in Public Service), 22 (Rehabilitation Psychology), and 38 (Health

Psychology), Motivational Interviewing Network of Trainers, and the National Association of School Psychologists.

**Dr. Laura Sejud** is a licensed Psychologist in the state of Texas. She received her Psy.D. in Clinical Psychology from Baylor University in 2013. Dr. Sejud completed a Postdoctoral fellowship at VANTHCS and joined the staff in 2014. She currently works in Compensation & Pension. Her clinical interests include substance use and co-occurring disorders (particularly PTSD), group psychotherapy (process-oriented), compensation & pension, as well as homelessness and serious mental illness. Dr. Sejud's research interests involve substance use disorders, behavioral addictions, and homelessness. She is a member of the American Psychological Association and the Association of VA Psychologist Leaders.

**Dr. Meredith Shaw** is a licensed Psychologist in the state of Texas. She received her Ph.D. in Clinical Psychology from the University of Maryland, Baltimore County in 2011. Dr. Shaw joined VANTHCS in 2011 and currently serves as staff psychologist on the Mental Health Copper Team. Her clinical interests include treatment of depression, anxiety, substance-related disorders, trauma and stress-related disorders, chronic pain, and health behavior change, with Cognitive Behavioral Therapy, Motivational Interviewing, Acceptance and Commitment Therapy, and Mindfulness-Based therapy. Dr. Shaw's research interests involve dual diagnosis of substance abuse and mental illness and Mindfulness-based therapy. She is a member of the American Psychological Association, Association for Contextual Behavioral Science, and the Association of VA Psychologist Leaders.

**Dr. Christopher St. John** is a licensed Psychologist in the state of Texas. He received his Ph.D. in Counseling Psychology from the University of North Texas in 1995. Dr. St. John joined the VANTHCS in 1996 and currently serves as staff psychologist on the PTSD Clinical Team. Relatedly, his clinical interests involve PTSD treatment. He is a member of the Dallas Psychological Association.

**Dr. Jennifer Sippel** serves as the Director of Cultural Transformation within the Executive Office. She earned her Ph.D. in Clinical Psychology from the University of North Dakota in 2001. Dr. Sippel is a licensed in the state of Texas and joined VANTHCS in 2001. She is an Assistant Professor in the department of Physical Medicine & Rehabilitation at University of Texas Southwestern Medical Center. Her research interests include spinal cord injury home care, rural health, and health informatics. Dr. Sippel's clinical interests involve coping with spinal cord injury. Her theoretical orientation includes approaches from cognitive behavioral therapy as well as Acceptance and Commitment Therapy.

**Dr. Sarah Spain** serves as Clinical Director of the Mental Health Platinum. She is board certified in Clinical Psychology (ABPP) and received her Ph.D. in Clinical Psychology from the University of South Florida in 2004. Dr. Spain is licensed in the state of Texas and joined VANTHCS in 2009. She is an Assistant Professor in the department of Psychiatry at University of Texas Southwestern Medical Center. Her clinical interests include multicultural issues, individual and group psychotherapy, and recovery-centered approaches to treatment. Dr. Spain is a member of the Dallas Psychological Association and the Association of VA Psychologist Leaders.

**Dr. Alina Suris** serves as Chief of Psychology within Mental Health Service. She is board certified in Clinical Psychology (ABPP). She earned her Ph.D. from University of Houston in 1991, after completing a Doctoral internship with VANTHCS. She has been on staff since that time. Dr. Suris hold academic affiliations with University of Texas Southwestern Medical Center (Associate Professor of Psychiatry); University of Texas at Arlington (Adjunct Professor); and University of North Texas (Adjunct Professor). Her clinical interests include sexual trauma, dual diagnosis, Hispanic issues and domestic violence. Dr. Suris is an accomplished clinical researcher and has won several awards for her pilot studies examining

novel and adjunctive treatments for PTSD. Other research interests include women's and minority's mental health, sexual trauma, aggression and impulsivity, and health services and outcomes. Her theoretical orientation is cognitive-behavioral and she is an impassioned champion of evidence-based psychotherapy. She is a member of ISTSS, the Association for Health Services Research, and the American Psychological Association – Division 18.

**Dr. Lisa Thoman** is a licensed Psychologist in the state of Texas. She earned her Ph.D. in Clinical Psychology from the University of Texas Southwestern Medical Center at Dallas in 2003. She has been on staff at VANTHCS since 2002, and currently works within the MH Trauma Services Clinic, a specialty MH clinic which provides evidence-based assessment and psychotherapy to veterans with Posttraumatic Stress Disorder (PTSD). More specifically, Dr. Thoman provides individual, group and marital therapy to veterans of the OEF/OIF/OND era. Dr. Thoman is an Assistant Professor in the department of Psychiatry at University of Texas Southwestern Medical Center. Her clinical interests include treatment of PTSD and other disorders related to trauma. Her theoretical orientation is integrative with cognitive-behavioral, solution-focused and systemic emphases. Her research interests include treatment of PTSD and anxiety disorders, meditation and mindfulness in treatment of mental disorders, and impact of exercise on mood and anxiety. She is a member of the American Psychological Association and Dallas Psychological Association.

**Dr. J. Gregory (Greg) Westhafer** is a licensed Psychologist in the state of Texas. He earned his Ph.D. in Clinical Psychology from the University of Texas at Austin in 2007. He joined VANTHCS in 2011 as a Clinical Neuropsychologist and works within the Neuropsychology Consult Team. His clinical interests involve neuropsychology, geropsychology, individual, and group psychotherapy. Dr. Westhafer's research interests include geropsychology (broadly), capacity, dementia, aging, stroke, TBP, attention, and memory. His theoretical orientation is cognitive behavioral. He is a member of the National Academy of Neuropsychology, International Neuropsychological Society, American Academy of Clinical Neuropsychology, Society for Clinical Neuropsychology, and the American Psychological Association.

**Dr. Elizabeth Wiley** is a licensed Psychologist in the state of Texas. She earned her Ph.D. in Clinical Psychology from Texas A&M University in 2006. Dr. Wiley completed her Doctoral internship and Postdoctoral fellowship at VANTHCS and has been on staff since 2007. She currently serves as staff psychologist on the Home Based Primary Care team. Her clinical interests involve home based primary care and PTSD. She ascribes to a cognitive behavioral theoretical orientation and is a member of the American Psychological Association.

**Dr. Thomas Wilhite** is a licensed Psychologist in the state of Texas. He earned his Ph.D. in Counseling Psychology from the University of North Texas in 1990. Dr. Wilhite has been on staff at VANTHCS since 1990 and currently serves as staff psychologist in the Fort Worth Outpatient Mental Health Clinic. His research interests involve grief and family variables while his clinical interests focus on matching interventions to client goals and session by session evaluation. His theoretical orientation is systemic and solution-focused.

**Dr. Brittney Wright** is a licensed Psychologist in the state of Texas. She earned her Ph.D. in Clinical Psychology from the University of North Texas in 2013. She completed her Postdoctoral training (2013-2014) at VANTHCS, with an emphasis in Substance Abuse. She has been on staff at VANTHCS since completion of her fellowship, and currently works within the Fort Worth outpatient mental health clinic, where she serves as the Military Sexual Trauma (MST) coordinator for that campus. Her clinical interests include assessment and treatment of the psychological sequelae of Military Sexual Trauma, PTSD, Dual diagnosis (PTSD/SUD), and depression, Dialectical Behavior Therapy, and Acceptance and Commitment

Therapy. Her theoretical orientation is cognitive-behavioral and interpersonal. Her research interests include Military Sexual Trauma, evidence-based treatment for PTSD and Depression, and Program evaluation.

**Dr. Jamie Zabukovec** is a licensed Psychologist in the states of Illinois and Washington. She earned her Psy.D. in Clinical Psychology from the Illinois School of Professional Psychology in 1988. Dr. Zabukovec has been with the VA since 1987 and worked at VANTHCS from 1997-2003. She returned to VANTHCS in 2006 and has served as a staff psychologist in Medicine and Surgery since that time. She is a Clinical Instructor at the University of Texas Southwestern Medical Center and has research and clinical interests involving chronic pain, health psychology, PTSD, depression, anxiety, and nicotine addiction. Dr. Zabukovec's theoretical orientation is best described as eclectic, including extensive family therapy (structural/strategic, systems, problem-centered systems therapy), EMDR, and cognitive behavioral approaches. She is a member of the American Psychological Association, EMDR International Association, ASCH, and the EMDR Humanitarian Assistance Program.

**Dr. Andrea Zartman** is Board Certified in Clinical Neuropsychology (ABPP). She earned her Ph.D. in Clinical Health Psychology and Behavioral Medicine from the University of North Texas in 2006. She completed her Doctoral internship at VANTHCS (2006) and a Neuropsychology fellowship within the VA South Texas Health Care System (2008). She currently serves as the Clinical Director of the Behavioral Health Team at VANTHCS as well as a staff neuropsychologist on the Neuropsychology Consult Service. Dr. Zartman is an Assistant Professor in the department of Psychiatry at University of Texas Southwestern Medical Center. Her clinical interests include Rehabilitation, TBI and blast injury, stroke, movement disorders and coping with chronic medical illness. Research interests include Traumatic Brain Injury and ecological validity of neurocognitive assessment. Dr. Zartman's theoretical orientation is cognitive-behavioral. She is a member of the National Academy of Neuropsychology, International Neuropsychological Society, American Psychological Association – Division 50 (Clinical Neuropsychology), and the Association of VA Psychologist Leaders.

## ***Trainees***

### **2014-2015**

<b>SCHOOL</b>	<b>SPECIALTY</b>	<b>DEGREE TYPE</b>
Chicago School of Prof Psych	Clinical	Psy.D.
Roosevelt University	Clinical	Psy. D.
Texas Women's University	Counseling	Ph.D.
University of North Texas	Clinical	Ph.D.
Southern Methodist University	Clinical	PhD
University of Oklahoma	Counseling	Ph.D.
Chicago School of Prof Psych	Clinical	Psy.D.

### **2013-2014**

<b>SCHOOL</b>	<b>SPECIALTY</b>	<b>DEGREE TYPE</b>
S.M.U.	Clinical	Ph.D.
Jackson State U.	Clinical	Ph.D.
Chicago School of Prof. Psych	Clinical	Psy.D.
Oklahoma State U.	Counseling	Ph.D.



U. of North Texas	Counseling	Ph.D.
Wright Institute	Clinical	Psy.D
U. of Louisville	Clinical	Ph.D

#### 2012-2013

SCHOOL	SPECIALTY	DEGREE TYPE
S.M.U.	Clinical	Ph.D.
U. of Houston	Counseling	Ph.D.
Kent State U.	Clinical	Ph.D.
Nova Southeastern U.	Clinical	Psy.D.
U. of North Texas	Clinical	Ph.D.
Wright Institute	Clinical	Psy.D

#### 2011-2012

SCHOOL	SPECIALTY	DEGREE TYPE
Wright Institute	Clinical	Psy.D
U. of Akron	Counseling	Ph.D.
Baylor U.	Clinical	Psy.D.
S.M.U.	Clinical	Ph.D.
Wheaton College	Clinical	Psy.D.
U. of Nevada, Las Vegas	Clinical	Ph.D.

#### 2010-2011

SCHOOL	SPECIALTY	DEGREE TYPE
Argosy U., Tampa	Clinical	Psy.D
Phil. College of Osteo. Med.	Clinical	Psy.D.
U. of Louisville	Counseling	Ph.D.
U. of Nevada, Las Vegas	Clinical	Ph.D.
U. of North Texas	Clinical	Ph.D.
U. of Northern Colorado	Clinical	Ph.D.

#### 2009-2010

SCHOOL	SPECIALTY	DEGREE TYPE
Argosy U., Phoenix	Clinical	Psy.D.
LaSalle U.	Clinical	Psy.D.
Texas Tech U.	Clinical	Ph.D.
U. of Louisville	Clinical	Ph.D.
U. of North Texas	Clinical	Ph.D.
U. of Western Michigan	Counseling	Ph.D.

#### 2008-2009

SCHOOL	SPECIALTY	DEGREE TYPE
Argosy U., Tampa	Clinical	Psy.D.
Nova Southeastern U.	Clinical	Psy.D.
Pacific U., Oregon	Clinical	Psy.D.
Pacific U. Palo Alto	Clinical	Ph.D.

Regent U.	Clinical	Psy.D.
U. of North Texas	Clinical	Ph.D.

**2007-2008**

<b>SCHOOL</b>	<b>SPECIALTY</b>	<b>DEGREE TYPE</b>
Nova Southeastern U	Counseling	Psy.D.
Nova Southeastern U	Counseling	Ph.D.
Texas A & M	Clinical	Ph.D.
U. of Colorado	Clinical	Ph.D.
Argosy U. of Georgia	Clinical	Psy.D.

**2006-2007**

<b>SCHOOL</b>	<b>SPECIALTY</b>	<b>DEGREE TYPE</b>
Spaulding U.	Clinical	Psy.D.
U. of S. Mississippi	Clinical	Ph.D.
U. of North Texas	Clinical	Ph.D.
Iowa State U.	Counseling	Ph.D.
U. of Memphis	Clinical	Ph.D.

**2005-2006**

<b>SCHOOL</b>	<b>SPECIALTY</b>	<b>DEGREE TYPE</b>
U. of Hartford	Clinical	Psy.D.
U./Virginia Beach	Clinical	Psy.D.
Wright State U.	Clinical	Psy.D.
Texas A & M	Clinical	Ph.D.
U. of North Texas	Clinical	Ph.D.

**2004-2005**

<b>SCHOOL</b>	<b>SPECIALTY</b>	<b>DEGREE TYPE</b>
Forest Schl. Of Prof. Psych.	Clinical	Psy.D.
Nova Southeastern U.	Clinical	Psy.D.
Baylor U.	Clinical	Psy.D.
U. of North Texas	Clinical	Ph.D.
Illinois Institute of Technology	Clinical	Ph.D.

**2003-2004**

<b>SCHOOL</b>	<b>SPECIALTY</b>	<b>DEGREE TYPE</b>
Florida Institue of Technology	Clinical	Psy.D.
U. of Oklahoma	Counseling	Ph.D.
U. of Georgia	Clinical	Ph.D.
U. of North Texas	Counseling	Ph.D.
Schl of Prof. Psych (Argosy)	Clinical	Psy.D.
U. of North Texas	Counseling	Ph.D.

**2002-2003**

<b>SCHOOL</b>	<b>SPECIALTY</b>	<b>DEGREE TYPE</b>
Our Lady of the Lake U.	Counseling	Psy.D.
Baylor U.	Clinical	Psy.D.
U. of Denver	Clinical	Psy.D.

St. Louis U.	Clinical	Ph.D.
U. of North Texas	Counseling	Ph.D.
Chic. Schl. Of Prof. Psych.	Clinical	Psy.D.

2001-2002

SCHOOL	SPECIALTY	DEGREE TYPE
Pennsylvania State U.	Clinical	Ph.D.
Texas Woman's U.	Counseling	Ph.D.
U. of Alabama	Clinical	Ph.D.
Wright State U.	Clinical	Psy.D.
GA School of Prof. Psych.	Clinical	Psy.D.

2000-2001

SCHOOL	SPECIALTY	DEGREE TYPE
Our Lady of the Lake U.	Counseling	Psy.D.
Texas A & M U.	Counseling	Ph.D.
Texas A & M U.	Counseling	Ph.D.
U. of North Texas	Counseling	Ph.D.
U. of North Texas	Counseling	Ph.D.

## ***Local Information***

The Dallas area is a major educational center in the Southwest. The area has fostered growth in both undergraduate disciplines in addition to the arts and humanities. Area universities include the University of Texas Southwestern Medical Center, the University of Texas at Dallas, the University of Texas at Arlington, Texas Woman's University in Denton, University of North Texas in Denton, Southern Methodist University in Dallas, Dallas Baptist University, and the University of Dallas. As stated above, Dallas is also the site for many professional workshops, seminars, and conventions. There is a state professional organization, the Texas Psychological Association, and local professional organizations, the Dallas Psychological Association and the Tarrant County Psychological Association, that interns may join as student members. The state organization frequently holds its annual convention in Dallas, and students are encouraged to submit their research for presentation at this convention. The local organizations hold monthly meetings that address a variety of issues of concerns to psychologists in the area. A number of specialized professional and student organizations are active in the area.

The Dallas-Fort Worth Metroplex is a thriving metropolitan area of 5 million people, including over 40% who consider themselves ethnic minorities. There is a dynamic and growing arts community including both professional and community theater groups, the Dallas Symphony, Dallas Civic Opera, The Fort Worth Ballet, the Dallas Museum of Art, the Kimbell Art Museum, and the Amon Carter Museum of Western Art. There are also hundreds of shops, galleries, and restaurants throughout the city. Outdoor recreation is abundant with many areas available for backpacking and rock climbing and with several area lakes suitable for fishing, water skiing, and other water sports. Major league professional athletics include football (the Dallas Cowboys), baseball (the Texas Rangers and three minor league teams), basketball (the Dallas Mavericks), hockey (the Dallas Stars), and soccer (the FC Dallas).

Housing is readily available throughout the city within easy commuting distance from the medical center, which is located 10 miles south of downtown Dallas and is served by several traffic arteries. Information concerning housing, transportation, and employment opportunities may be obtained from the Dallas Chamber of Commerce, 1597 Pacific, Dallas, Texas 75201.

Visit [www.dallas.com](http://www.dallas.com) for city information.